U S Department of Labor Office of Labor Management Standards Washington DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official (ISO Only		
READ THE INSTRUCTIONS CA	REFULLY BEFORE PREPARING THIS REPORT	
E OUS		
1 File Number U 6949	2 Fiscal Year Covered From	
<u> </u>	1 / 1 / 2005 Through 12 / 31 / 2005	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name Benjamin S Bryan	Name I L A Local #1414	
	Labor Organization File Number 009926	
PO Box Bldg Room No If any	PO Box Building and Room Number if any p O Box 1262	
Street 4 Compton Round	Street 221 East Lathrop Ave	
City Pooler	City Savannah	
State Georgia ZIP Code + 4 31322	State Georgia ZIP Code + 4 31402-1262	
5 Position in labor organization President		
1		
Enter appropriate data below if during the past fiscal year you or you can be specified in t	our spouse or minor child directly or indirectly had any of the following interests he exclusions set forth in the instructions)	
A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income	
Name		
Trade Name if any		
PO Box Bidg_Room No_ifamy		
	7 b Amount	
Street		
City		
State ZIP Code + 4		
	Signature	
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)		
1 -00		
Signed During De During	00 3-3/-06 917 222-1944	
Signed Buyur & Buyur	On <u>3-31-06</u> <u>912 233-2944</u> Date Telephone Number	

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Name of Person Filing Benjamin Bryan				File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade r	1	•	9 Business deals with		
Name AFL-CIO International Longsh Trade Name if any	oremer	ı s aşşn	a Labor Organiza	atron	
PO Box Bidg Room No if any Suite 930		1	c Employer		
Street 17 Battery Place City New York					
State New York ZIP	Code + 4	10004	ı		
10 If 9 b or 9 c is checked give trust or employer	's name	٨	11 a Nature of such dea	ling	
Trade Name if any					
PO Box Bldg Room No if any Street					
			11 b Approximate dollar va		
City State ZIP	Code + 4	j	benefits meeting of Bryan s expens and deposited by	eld or income received d B Bryan for travel to MILA in Tampa yet Local 1414 paid all cs So the reimb ck was given to Local 1414 into its own checking ceived NO benefit from the	
			12 b Amount	\$4	497
C Received from any employer (other than or from any labor relations consultant to an emp	an employer any	loyer covered und	i er parts A and B above) yor other thing of value		
13 a Name and address of Employer or Labor Re (including trade name if any)	ations Co	onsultant	14 a Nature of payment.	and the second s	
Name					
Trade Name if any					
PO Box Bldg Room No if any	The state of the s	\ 			
Street City					
State ZIP	Code + 4	•			
13 b Is the Business an Employer o	r Consulta	ant ?	14 b Amount of payment		·
	4	1			

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Name of Person Filing Benjamin Bryan		File Number U
B Held an interest in or derived income or econor substantial part of which consists of buying from of an employer whose employees your labor orga (2) any part of which consists of buying from or se dealing with your labor organization or with a trust	selling or leasing to or other nization represents or is acti Illing or leasing directly or inc	wise dealing with the business vely seeking to represent or directly to or otherwise
8 Name and address of Business (including trade Name AFL-CIO International Longs) Trade Name if any PO Box Bldg Room No if any Suite 930 Street 17 Battery Place City New York State New York ZIP 10 If 9 b or 9 c is checked give trust or employe Name Trade Name if any PO Box Bldg Room No if any Street	Code + 4 10004	9 Business deals with X a Labor Organization b Trust c Employer 11 a Nature of such di aling
City		11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received
State ZIP	Code + 4	AFL-CIO reimbursed B Bryan for travel to MILA benefits meeting in June yet Local 1414 paid all of Bryan s expenses So the reimb ck was given to and deposited by Local 1414 into its own checking acct B Bryan received NO benefit from the reimbursement
		12 b Amount \$1 219
C Received from any employer (other than or from any labor relations consultant to an emp	an employer covered und	ter parts A and B above) y or other thing of value
13 a Name and address of Employer or Labor Re (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP		14 a Nature of payment 14 b Amount of payment
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Name of Person Filing Benjamin Bryan	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name AFL CIO International Longshoremen s Assn	9 Business deals with			
Trade Name of any	X a Labor Organization			
PO Box Bldg Room No If any Suite 930	b Trust			
Street 17 Battery Place	С сифюуе			
City New York State New York ZIP Code + 4 10004				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name				
Trade Name If any				
PO Box Bldg Room No If any				
Street	11 b Approximate dollar value of such dealing			
City	12 a Nature of interest held or income received			
State ZIP Code + 4	AFL CIO reimbursed B Bryan for travel to MILA benefits mtg in New York yet Local 1414 paid all of Bryan s expenses So the reimb ck was given to and deposited by Local 1414 into its own checking acct B Bryan received NO benefit from the reimbursement			
	12 b Amount \$615			
C Received from any employer (other than an employer covered u or from any labor relations consultant to an employer any payment of more	nder parts A and B above) ney or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment			
Name				
Trade Name If any				
PO Box Bldg Room No If any				
Street				
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			

Name of Person Filing Benjamin Bryan	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)	9 Business deals with			
Name South Atlantic and Gulf Coast District	X a Labor Organization			
Trade Name if any	b Trust			
PO Box Bldg Room No if any	c Employer			
Street 1827 The Strand				
City Galveston State Texas ZIP Code + 4 77550				
State Texas Zir Code 74 77350				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name				
Trade Name if any				
PO Box Bldg Room No If any				
Street	11 b Approximate dollar value of such dealing			
City	12 a Nature of interest held or income received			
State ZIP Gode + 4	So Atl and Gulf Coast District reimbursed B Bryan for travel in April yet Local 1414 paid all of Bryan s expenses So the reimb ck was given to and deposited by Local 1414 into its own checking acct B Bryan received NO benefit from the reimbursement			
<u> </u>				
	12 b Amount \$366			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relation. Consultant (including trade name if any)	14 a Nature of payment.			
Name				
Trade Name if any				
PO Box Bldg Room No If any				
Street				
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant	14 b Amount of payment			